

Verification of Employment/ Loss of Income

Employer, in order to determine the eligibility for School Readiness services it is necessary to verify the following information. Please complete all applicable sections.

☐ Section 1. Verification of Employment

Name of Employee: _____

Address: _____ Phone _____

Place of Employment: _____ Supervisor: _____

Job Title: _____ Type of Work: _____

Number of Hours Worked per Week; _____ Are employment hours ___ regular or ___ variable

Date Employment began: _____ Is this employment ___ seasonal ___ temporary ___ permanent

Rate of Pay: _____ per ___ hour ___ day ___ week (check one)

How often is the employee paid? ___ daily ___ weekly ___ Bi-weekly ___ Semi-monthly ___ Monthly

Does Employee receive tips, commissions or gratuities? _____

School District Employees: Annual Salary _____ Duration: ___ Year-Round ___ 10 Month

☐ Section II – Record of Pay Received

1. List the gross amounts of pay issued to employee during the past four (4) weeks in the space below:

From	Pay Period To	Number of Hours worked	Gross Earnings	Pay Date

2. If the hours or pay rate has varied in the above 4 week period, please state why: _____

☐ Section III Verification of Loss of Income

Date Employment Ended: _____ Reason for termination _____

Is Termination ___ permanent ___ unpaid leave ___ temporary ___

If unpaid leave or temporary, when do you expect the employee to return to work ? _____

☐ Section IV Employer Certification

This information is true and correct to the best of my knowledge. I know that if I give false information on purpose, I may be subject to prosecution for fraud.

Signature of Person Completing Form

Title of Person Completing Form

Name of Business

Telephone

Business Address

Date Information Completed: _____